

1413

THIS IS A PERMANENT RECORD.
RETURN must be made for each, and the number of each, in order of birth stated.
In case of a supplemental report

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>146</u>
District of <u>Claypool</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>524</u>
Town of <u>Claypool</u>			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Baxter Hodson</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate?
_____	_____	_____	_____
7. Date of birth <u>June 13 1924</u>		Month Day Year	
8. <u>Clyde</u> FATHER Full name <u>Hodson</u>		14. <u>May</u> MOTHER Full name <u>McGinnis</u>	
9. Residence (Usual place of abode) <u>Claypool</u>		15. Residence (Usual place of abode) <u>Claypool</u>	
If nonresident, give place and state.		If nonresident, give place and state.	
16. Color or race <u>White</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Iowa</u>		18. Birthplace (city or place) <u>S Dakota</u>	
(State or country)		(State or country)	
13. Occupation <u>Millman</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against thalnia neonatorum?	
(a) Born alive and now living <u>3</u>		<u>Yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Claypool</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Nelson D. Brayton</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Maguire av</u>	
Month, day, year. _____		Filed <u>July 31</u> , 19 <u>24</u> <u>C.E. Dunn</u>	
Registrar. _____		Filed <u>AUG 5</u> , 19 <u>24</u> <u>B.S. Lox</u>	
		Local Registrar. _____	
		County Registrar. _____	

285-613-442